

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 03-MAY-2015		TIME 18:45:00		2. ADDRESS OF OCCURRENCE 2459 N OAK PARK AVE CHICAGO, IL 60707			3. LOCATION CODE 303		4. BEAT/OCCUR 2512		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME GOLDEN	7. FIRST NAME KENNETH M	8. STAR NO. 7324	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT. 235	13. WT. 235		
	14. DATE OF APPT. 03-JAN-2005	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 025 2512	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
SUBJECT INFORMATION	20. LAST NAME OCAMPO	21. FIRST NAME ADRIAN	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WHI	25. D.O.B. 24-DEC-1983	26. HT. 508	27. WT. 180			
	28. ADDRESS 2509 W CORTLAND AVE CHICAGO, IL	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED? OUR LADY OF RESURRECTION MEDICAL CL			34. BY WHOM? ER STAFF			35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/4-B, 720 ILCS 5.0/12-2-B-4					37. CB NO. 19108265						
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		39. ACTIVE RESISTER		40. ASSAULT/ASSAULT		41. ASSAULT/BATTERY		42. ASSAULT/DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARM BAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input checked="" type="checkbox"/> TASER (Spark Display) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____		
	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40. ADDITIONAL INFORMATION [REDACTED]						
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]						
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Dawn <input checked="" type="checkbox"/> 03 Daylight <input type="checkbox"/> 04 Dark <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS RAIN				
45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]					
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]			
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				70. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]							
CASE INFO.	71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC										
	72. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.										
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
SIGNATURES	73. REPORTING MEMBER (Print Name) GOLDEN, KENNETH M		STAR/EMPLOYEE NO. 7324		SIGNATURE [REDACTED]						
	74. REVIEWING SUPERVISOR (Print Name) SULLIVAN, JOSEPH D										
75. DATE REVIEWED 03-MAY-2015 20:20:14											

1074984

Attachment # 23

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee is currently being treated at OLR Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

In R/L's opinion, the officer's actions were both reasonable and necessary to overcome the arrestee's resistance and place him into physical custody.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1074975 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STOPPA, KENNETH A

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

03-MAY-2015 20:47:45

79. TOTAL TRR's THIS EVENT No.

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